



Building Knowledge of Women's Lived Experience of Gambling and Gambling Harms across Great Britain: Phase 1





The existing gambling and gambling harms evidence base tends to focus predominantly on men. Research to date shows that women experience gambling in different ways from men, specifically in relation to the types of gambling they participate in and their motivations for doing so.

It is therefore important that future research on the lived experience of women in relation to gambling is analysed through a gendered perspective rather than comparing the behaviour of women against that of men. Research focused on women's experiences of gambling has increased over the last decade but a limited understanding about the experiences and behaviours of different groups of women, how this varies by demographics and geography and how this relates to wider determinants of health remains.

GambleAware commissioned a consortium of IFF Research, the University of Bristol and GamCare's Women's Programme to build knowledge about why women in Britain take part in different types of gambling, the effect this has on them and their lives, and their experience of support and treatment services.

The research will be conducted iteratively across three phases, with each phase flexibly adapting to emerging insight from the phase before. In Phase 1 (the focus of this summary) we mapped the landscape via interviews with Expert Witnesses in the field (e.g. service designers, deliverers, researchers and policy stakeholders), experts by experience, including women who gamble and who are affected by others who gamble, and a rapid review of literature on the topic; in Phase 2 we will explore the views of women in Great Britain experiencing gambling and gambling harms; in Phase 3 we will share findings with Experts in the field, including Expert Witnesses involved in Phase 1, and explore potential support responses.

RESEARCH APPROACH



INCEPTION

Inception workshop, incl. stakeholder mapping

July 2021

- Project Initiation
- Document summarising any scope changes



1: MAPPING THE LANDSCAPE

16 expert witness interviews and roundtable with 7 gambling experienced women

Rapid evidence appraisal of 75 research, policy and practice

August – November 2021

- Summary note on findings and implications for Phase 2
- A peer review submission



2: UNDERSTANDING CONTEXT & NEEDS

Depth interviews and an online community with women with experience of gambling and women affected by gambling, reaching the views of 72 women

Secondary analysis: Gambling Commission's quarterly telephone survey, and GambleAware's 2020 Treatment and Support Demands Survey data.

December 2021 – June 2022

- Summary note on findings and implications for Phase 3
- A peer review submission
- 5 visualised participant journey maps



3: BRAINSTORMING SOLUTIONS & FINAL OUTPUTS

2 workshops with 12 new and reconvened expert witnesses

A community select committee with 12 experts by experience; women

July – December 2022

- Findings presentation with embedded audio/visual
- Final report
- Synthesis report
- A peer review submission

OUTPUTS

This note summarises Phase 1 findings for each of our research questions and discusses the implications of these findings for Phase 2. It draws upon the Rapid Evidence Assessment (REA) which is discussed in detail in a separate report

WHAT IS THE ROLE OF GAMBLING IN WOMEN'S LIVES?

Little is known about the experiences of women who gamble or are affected by others who gamble in Britain. For example, population statistics about the types of gambling women engage in and the reasons for their behaviour are limited. Data available does not enable analysis by different groups of women.

Extent and patterns of gambling among women

The Rapid Evidence Appraisal (REA) captured evidence that gambling practices differ between men and women, and between different groups of women, with evidence that younger women are diversifying to gamble on multiple products. Survey data¹ shows that women gamblers in Britain with a PGSI score 1+2 (i.e. experiencing some level of harm from their gambling) were much more likely to be younger (18-34); of lower social grades; or from a Black, Asian and minority ethnic background, compared to the broader population of women (Gunstone and Gosschalk, 2019).

Gendered differences in gambling practices

There are gendered differences in gambling participation by product type and how people gamble. The HSE 2018 showed that women in England (17.8%) were as likely to buy scratch cards as men (18.1%) and more likely to take part in bingo (5.9% vs. 3.0% of men); but men had higher participation rates in all other gambling activities, especially online betting with a bookmaker; machines in bookmakers (including fixed odds betting terminals);

betting on sports events; and private betting (GOV.UK/Public Health England, 2021a). This highlights the importance of understanding the dynamic and changing nature of women's gambling practices and guarding against outdated gendered stereotypes.

Women's attitudes to gambling

The REA provides valuable insights into the ways in which people generally, and women specifically, make sense of and talk about their own gambling practices. The Scottish Women's Convention in their report of a roundtable event attributed difficulties in recruiting women to the event to the fact that women may regard their gambling practices as a social pastime, and therefore dismiss the discussion as not relevant to them. Research has also found that the term 'gambling harm' can be perceived as off-putting by women, especially those that associate gambling activities as positive and acceptable leisure activities (cited in van der Maas, 2016). Understanding women's positive perceptions of gambling came through in a study of older women (aged 55+) in Poland too, where gambling (among women not addicted to gambling) was seen to play an important role as a social activity that could provide women with some extra money (Lelonek-Kuleta, 2021).

¹ From the GambleAware-commissioned Gambling Treatment and Support Study, which is an online survey conducted by YouGov in 2019 with its online research panel.
² The Problem Gambling Severity Index (PGSI) is a widely used measure of 'problem gambling' in the population. PGSI score 0: gamblers who gamble with no negative consequences; 1-2: gamblers who experience a low level of problems with few or no identified negative consequences; 3-7: gamblers who experience a moderate level of problems leading to some negative consequences; 8 or more: gambling with negative consequences and a possible loss of control.
<https://www.gamblingcommission.gov.uk/statistics-and-research/publication/problem-gambling-screens>



WHAT ARE THE DRIVERS OF GAMBLING AMONG WOMEN?

To understand how we can best support women who gamble and/or experience gambling harm it is important to determine the drivers of gambling among women, particularly if support services and policies are to treat the root cause of gambling problems, rather than symptoms.

Evidence from the Expert Witness interviews, Rapid Evidence Appraisal (REA) and the women's roundtable largely identified the same drivers for gambling among women. We have grouped the drivers into four categories: Psychological Drivers; Social Drivers; Financial and Economic Drivers; and Industry practices. While the drivers are relatively clear, there are gaps in understanding how these are experienced, particularly by young people, mothers and UK migrant communities, and how identity and experience (such as religious and cultural) impact gambling behaviours.

Drivers of gambling among women

Psychological Drivers

Positive emotions associated with gambling motivate women to gamble, Expert Witnesses and the women's roundtable reported. Physical gambling environments such as bingo halls or venues with electronic gambling machines (EGMs) were strongly associated with a positive atmosphere, and consequently, the pleasure derived from being there can be a strong motivator for gambling; this can further be intensified by the 'adrenaline rush' of winning (McCarthy et al., 2021c; Scottish Women's Convention, 2021).

Women also gamble to 'escape' mentally from various negative aspects of their lives, such as stress, grief and loneliness. A common theme in Expert Witness interviews

was that women gamble to escape caring and domestic responsibilities and the stresses, boredom and loneliness that can come with these responsibilities.

Research on women's gendered roles in families suggest women take on the emotional and social labour of ensuring children build friendship networks more than fathers. This additional responsibility for family life may lead to gambling as a form of respite from the emotional and social responsibilities they face in caring for others.

Women also seek to gamble as an escape from their working lives, and there is evidence to suggest that simultaneously holding the role of spouse and worker can have a negative effect on women's gambling behaviour (van der Maas, 2016). Gambling gives some women a sense of agency away from their role as a partner or mother, a view shared by Expert Witnesses and among the women's roundtable.

Trauma is another psychological driver for women who gamble. This can relate to trauma the woman is currently experiencing, particularly in terms of abusive relationships (Hing et al., 2020), whereby gambling offers an escape from their reality and a way of coping with the abuse. Women may seek the physical safety of gambling venues as a means of escaping abuse they suffer at home (O'Mullan et al., 2021). Gambling can also be driven by past trauma; Expert Witness interviews indicated that a high proportion of women who experience gambling harms have experienced past trauma, like childhood abuse and emotional neglect.

Social Drivers

For some, gambling is a means to develop and maintain social connections, meaning women often perceive gambling to be primarily about socialising rather than the act of gambling itself. This can lead to an attitude that certain types of gambling are 'normal' and socially acceptable, such as bingo halls or seafront slot machines. Gambling as a form of socialising can be facilitated by the provision of non-gambling social activities at gambling venues, such as dining (McCarthy et al., 2020) and even online bingo is presented as a 'fun night out' for those who want to stay in (BetKnowMore, 2021).

The social acceptability of gambling also influences how women gamble. The types of gambling that women popularly engage with, such as bingo and slot machines, were regarded as more 'socially acceptable' in the literature, and women perceive online gambling as less stigmatised compared with other forms of gambling (Castrén et al., 2018). Expert Witnesses provided more nuance to this point, indicating women may be more likely to gamble online because the hidden nature of online gambling does not leave them exposed to the stigma attached to women who gamble more publicly (for example, in gambling venues such as bookmakers). Family structure and gendered norms around women's responsibilities, where women are expected to be more responsible with money and not let their gambling get out of control, can influence women's gambling behaviours. Firstly, this may lead to them hiding their problems with gambling from others, and secondly, not seeking help because of the stigma associated with 'losing control'.

Familial and cultural influences impact women's perception of gambling activities as socially acceptable, particularly if exposed to gambling at a young age (McCarthy et al., 2020). For example, Expert Witnesses discussed how young women would go to bingo halls with family members and friends for a social 'night out', while a participant in the women's roundtable cited her Caribbean heritage as instilling gambling as a normal aspect of life for her and her brothers.

Financial and economic drivers

The attraction of winning money, and the opportunities this bounty brings, drives some women to gamble. This could be from an initial big win themselves, or even from hearing stories of others having big wins.

For some women, the hope is for financial gains from gambling wins to be used to contribute to household finances and to relieve financial pressures, so see gambling as a way of supporting their family. A woman in the roundtable noted it was important for them to support their family financially because their partner's own gambling meant they had less disposable income.

The idea of winning money can also provide hope of physical escape (as opposed to psychological escape discussed above), from their relationships or more broadly, from their financial situation and poverty. A desire for financial independence can also lead women to gamble for their own personal spending money, which is kept separate from household finances.

Industry practices

An important driver for women to gamble is the impact of marketing, particularly gendered advertising. In the UK, an estimated £747 million was spent on marketing messages aimed at specific groups of people, including women of specific ages (House of Commons, 2020 cited in BetKnowMore, 2021), while female celebrity endorsements are common.

Thomas et al. (2020) identified six main approaches used in gambling marketing to engage women in gambling: self-image; empowerment; social connection and acceptance; the feminisation of the product; strategic association; and strategic marketing. Expert Witnesses noted that gendered advertising tends to present gambling as a glamorous and fun activity, supporting the idea of 'the feminisation of the product'.

It is common industry practice to make the gambling environment as comfortable as possible for women. In physical gambling venues this may be through the provision of transport, through friendly staff and security who make them feel safe (Hing, 2017 cited in BetKnowMore, 2021). Expert Witnesses noted that online gambling is seen to create an environment that is appealing to women, through non-specialist games, chatrooms and 'girly' colour schemes.

Product design and channel can influence the ways in which women engage with gambling. The accessibility and anonymity of online gambling may reduce stigma of women participating (McCarthy et al., 2019) while, the features of electronic gambling machines (EGMs), and their environment, contribute to the users getting 'in the zone' and encourage use (McCarthy et al., 2021b).

How drivers differ by groups of women

The research captured differences in the gambling behaviours by groups of women:

- Age – older women who gamble frequently do so to avoid boredom and loneliness (McCarthy et al., 2019; BetKnowMore, 2021; Lelonek-Kuleta, 2021). Expert Witness interviews suggested older women look to gambling due to a lack of other opportunities to form social connections, so their gambling is more likely to take place in 'social' settings such as bingo halls. Younger women are perceived to be more likely to be influenced by marketing than older women, although this may also be the case for men. However, there is a lack of evidence on how young people are affected (both men and women).

- Family commitments/motherhood – women with families are more likely to engage in 'hidden' gambling such as online gambling, as an escape from the pressures of motherhood and running a family. While there is little existing research into motherhood and gambling, Expert Witness interviews and the roundtable suggested that many gendered differences in gambling behaviour come from whether the woman is a mother.
- Cultural norms – research from Australia and New Zealand on gambling behaviours of Pacific Islander and Southeast Asian migrant women indicates various cultural differences. For example, gambling can be considered a 'normal', socially acceptable behaviour in Pacific Islander communities in Australia, which can offer continuity with life in their homelands, while for Maori women it can be a rare opportunity to form social connections away from their home country. In some migrant communities, the 'ethics of care' extended the obligation to support a wider network, and winnings were spent either helping or treating their relatives (Cox et al., 2021). There is little research into how cultural differences can influence women's gambling behaviour in GB.
- Religion – while there is little existing research on the role of religion, through their outreach and education work Gamcare have observed the impact that religious beliefs and practices can have on gambling behaviours. Where religion or culture forbids gambling, there can be significant barriers to seeking support, due to the shame the individual feels, meaning they will often experience more severe harms. Not enough is yet known about this to comment on gendered differences.

WHAT ARE WOMEN'S EXPERIENCES OF HARMFUL GAMBLING?

Evidence indicates that most people in Britain gamble without experiencing harm and that women are less likely to experience gambling harm than men. In a recent population survey, 10% of women scored one or higher on the PGSI scale, indicating that they experienced some level of harm from gambling, compared with 17% of men.

While rates of problem gambling are found to be higher among men than women across different countries, there is some evidence that the gap is narrowing. In Finland, evidence suggests that the gender gap in at-risk gambling and problem gambling narrowed between 2011-2015 (Castrén et al., 2018) while gambling from Australia suggests gambling risk profiles of women are changing, with prevalence data showing an increase in women classified as low-risk gamblers (from 4.44 per cent in 2008 to 9.99 per cent in 2014), indicating that women low-risk gamblers may have replaced women non-problem gamblers (Hare, 2015 cited in Thomas et al., 2020). In Britain, women experiencing high levels of gambling harm from their own gambling are more likely to be younger (over half of women problem gamblers were aged 18-34, compared with 9% aged 55+), and to be from a Black, Asian or minority ethnic background, than women generally (35% vs. 12%) (Gunstone and Gosschalk, 2019).

Influences on gambling harms

The REA identified six main themes regarding risk factors for gambling harm in women, which are largely supported by discussions with Expert Witnesses. These effects of gender intersect with demographic, economic, health and socio-cultural factors in ways that are important to understanding women's gambling and gambling harm, and any examination of women's experiences must consider gambling industry tactics as well (McCarthy et al., 2019).

Further, a lack of longitudinal research and robust assessment of studies makes it difficult to draw firm conclusions at present about gambling harm risk factors (GOV.UK/Public Health England, 2021e).

The six key areas relating to risk factors for women are:

- **Poverty** – Evidence has shown gambling to be associated with poverty indicators and that people living in impoverished areas were found to be more vulnerable to gambling problems than those in affluent areas, with historically marginalised groups at greater risk (Hahmann et al., 2021). There was, however, no evidence to find women living in poverty to be at greater risk of gambling harm than men living in poverty.
- **Domestic abuse** – As well as a driver to begin gambling, being the victim of domestic abuse is linked to gambling harm, with an estimated 20-49% of people with a gambling problem having been the victims/survivors of domestic or family abuse, with higher rates for intimate partner violence victimisation among women (up to 69%) (Hing et al., 2020). This can often manifest in gambling to 'escape' these relationships, whether that is physical or mental escape.



- Parental influence – Parental influence and family influence has been linked with gambling problems in women, particularly where fathers had gambling problems (Forrest and McHale, 2021). Associations between gambling and positive family activities can also influence intentions to gamble when older.
- Perceptions of gambling risk – There is some evidence that supports the idea of gendered differences in risk perceptions of gambling harms. While there are suggestions that women may be more likely to perceive casino table games, EGMs, betting on horse/dog races, and sports betting as harmful, they may also misinterpret or minimise the risks of these because they accepted a trade-off between the social benefits of gambling and money lost (McCarthy et al. 2021a; 2021b).
- Gambling practices – Certain types of gambling can be linked to gambling harm in women, such as online casinos and EGMs, especially online gambling, where women can gamble from home, which is important given their role is often as primary caregivers.
- Industry practices – In the same way that these can drive women to gamble, industry practices such as aggressive gendered marketing and targeted incentivisation are associated with gambling harm in women.

Gambling harms experienced by women who gamble

The harms experienced by women who gamble are many and varied. Here they have been grouped using Langham et al.'s (2016) 'taxonomy of harms' to explore harms experienced by women who gamble across six dimensions: financial harms; relationship harms; harms to health and wellbeing; reduced performance and productivity; cultural harms; and criminal activity.

The interrelationships between harms are important, leading to compounding harms and an enduring legacy of harms. Expert Witness and the women's roundtable mentioned all of these harms, and harms to health and wellbeing and financial harms were the most commonly discussed.

- Health and wellbeing harms – gambling harms often manifest in harms to mental health and are closely linked to the experience of financial and relationship harms, amongst others. Expert Witness interviews discussed that feelings of anxiety, stigma and shame relating to the impact of their gambling on family duties and family finances can have a severe impact on women's mental wellbeing. The women's roundtable also mentioned psychological harms like loss of self-esteem, which can often lead to lower levels of physical and mental health functioning among women. In the more serious cases, consequences of gambling elicited thoughts of self-harm and attempted suicide. Indeed, much of the existing evidence relates to suicide and suicidal ideation, indicating suicidal events (deaths, attempts, ideation) are significantly higher among adults with gambling disorder compared to the general population. There is some indication of gendered differences, with women's health more adversely affected by problem gambling than men's (Valenciano-Mendoza, 2021; Håkansson and Widinghoff, 2020a). Gambling can also lead to physical harms particularly in terms of substance misuse and other addictions; expert witnesses noted a high proportion of women with gambling addictions had other addictions (for example, alcohol and drugs)
- Financial harms – gambling can have a severe impact on individual and family finances. Women in the roundtable shared how financial harms some of them experienced impacted on their families and led to subsequent harms, like worsening living standards for the family. This is more likely if harmful gambling leads to economising in other areas of life or drawing on savings (BetKnowMore, 2021). Borrowing and debt can lead to potentially severe consequences such as loss of home. Borrowing and debt are also likely to lead to other harms, such as harms to health as discussed above, crime and relationship harms.
- Personal relationship harms – the main evidence relates to strain on relationships from gambling, often due to financial pressures of prioritising gambling above others. The literature showed those classified as moderate-risk or 'problem' gamblers experienced lower levels of family functioning and social support (Forrest and McHale, 2021). Problem gambling can also impact social networks, a common theme from Expert Witnesses and the REA, particularly given the stigma attached to women and gambling meaning they are more likely to gamble alone, and often at home, as their gambling becomes more problematic.
- Criminal activity – Expert Witness interviews showed the need to fund problem gambling can lead women to criminal activity (for example theft, sex work), while research has suggested that at least 5% of criminal offending could be reduced if gambling problems were effectively addressed (May-Chahal et al., 2012, cited in Ramanauskas, 2020).
- Cultural harms – refer to tensions between gambling and cultural practices and beliefs (Langham et al., 2016), and there is less evidence on these harms than others. Most of the evidence on cultural harms related to the shame and stigma that gamblers felt generally, where gambling was outside their cultural norms or forbidden (Freytag et al., 2020; Forrest and McHale, 2021).

- Reduced performance and activity – as with cultural harms, there is less existing evidence around this as a gambling harm, although there is evidence of adult gamblers losing jobs, being demoted or resigning due to gambling, while also being linked to poor concentration at work, lateness, absence and turning up for work after no sleep Forrest and McHale (2021).

Expert Witness interviews stressed how these gambling harms can often have long term impacts, lasting long after a gambling problem has been overcome. For example, debt incurred can lead to an individual being in debt for a long time, and criminal offences and custodial sentences because of gambling harm remain on an individual's record, harming their employability prospects.

Both Expert Witness interviews and women in the roundtable talked about how their gambling worsened because of a lack of support for women who gamble. This in some cases can mean women develop a gambling problem without knowing it, as they are unaware of the signs that their gambling is becoming problematic. Women can also feel the lack of support makes it more difficult to speak out about a gambling problem, as it remains a 'taboo' and something they are ashamed of.

Gambling harms experienced by women as affected others

There is growing recognition of the harm that individuals and families can experience because of someone else's gambling, a group commonly referred to as 'affected others'. It is estimated that the actions of each 'problem gambler' negatively impacts between five and ten people in a range of ways, including financially, psychologically and in terms of damage to personal relationships (Pulford et al., 2009, cited in BetKnowMore, 2021).

Statistically, women are more likely to have experienced all the negative impacts of being an affected other (GOV.UK/Public Health England, 2021a).

The gambling harms experienced by women as affected others are largely the same as the harms experienced by women problem gamblers, although there is less evidence around reduced performance, criminal activity and cultural harms for affected others.

Most reported harms experienced by affected others were financial harms, which can have a devastating and long-lasting effect for women and families, such as the loss of homes and low standard of living. These harms often manifested themselves in economic abuse by a partner.

Women whose partners are problem gamblers may also be at risk of physical abuse, with research showing that

triggers for violence multiplied where gambling caused conflict with an abusive partner, or that poverty experienced from gambling and economic abuse could trap women in abusive relationships (Hing et al., 2020).

In terms of harms to health, there is evidence that both children and partners (who are often women) experience mental and physical health problems that were linked to living in fear, anger, guilt, loss, despair and uncertainty (McCarthy et al., 2019; Palmer du Preez et al., 2021b). In a study conducted in Britain, women affected others were more likely to report depression, anxiety and anger towards the problem gambler (81%) compared to men (64%) (Gunstone and Gosschalk, 2019).



HOW CAN GAMBLING HARMS BE PREVENTED OR REDUCED AMONG WOMEN?

Understanding the harms associated with gambling is important for understanding the services and policies needed to prevent and reduce gambling harms among women; the third study objective.

While stakeholders acknowledged areas of good practice in the delivery of gambling support, they were generally critical of the current support landscape. Experts interviewed and captured in the REA, and experts by experience from the roundtable, raised concerns about the visibility and adequacy of support available; gaps in provision for women in general, and among different groups of women; limited accessibility and sustainability of services and support; and the limits of informal support.

Demand for gambling harm support

The overall picture in Britain shows unmet need for gambling treatment among women who gamble and those affected by someone else's gambling.

Most of the 9,000 people treated by the National Gambling Treatment Service (NGTS) were gamblers (84%) while 13% of referrals related to affected others (who we know are more likely to be women). While most of the people treated are men, the number of women has increased; and women receiving treatment via the NGTS tend to be older (GOV.UK/Public Health England, 2021a). Survey data collected in 2019 shows that only 16% of women gamblers in Britain experiencing gambling harm (PGSI score 1+) had used some treatment and/or support service in the last 12 months (Gunstone and Gosschalk, 2019).

Younger women (18-24) were much more likely than older women (55+) to have sought any type of treatment or support; and higher rates of help-seeking were also evident among women from black and minority ethnic backgrounds; women gamblers with responsibility for children in the household; those drinking at higher risk levels; and those with higher PGSI scores (Gunstone and Gosschalk, 2019).

Types of gambling harm support

The evidence so far suggests there is no one 'ideal' service for women at risk of or experiencing gambling harms – just as there is no one pathway to experiencing harms. Available support provision is a mixture of preventative, responsive and restorative.

- Preventative support – support to anticipate potential 'risk' points to gambling harms and develop strategies to mitigate it - was the least common type mentioned. Preventative support involved safe gambling communication campaigns and community support focusing not on gambling but on the causes of gambling that may lead to harmful gambling. The women's roundtable included discussion about limiting cash withdrawals for gambling on a night out. Interestingly, tools provided by operators for online gambling, like spending limits and setting caps on play time, were not captured in the research.

- Responsive support – support at critical moments of need and for those who have 'tipped' over into crisis – was the most common support cited. Experts' views on its availability and relevance to women was mixed. Responsive support included informal and formal types of support. Informal responsive support included using search engines to seek out self-help, and confiding in friends and family. Formal responsive support included the UK's National Gambling Helpline, self-exclusion like bank blocks on purchases from businesses with merchant codes indicating they are gambling providers, and gambling website blocking options, like GamStop and GamBan in the UK. Support also included discussing needs with GPs, or social or support workers. Community-based support, including online forums or chatrooms about gambling, about harms associated with gambling and general interest websites women use, was another type of formal responsive support.
- Restorative support involved services that help people manage problem gambling and undo harms caused by gambling. This was more likely to be intensive and ongoing support. Formal restorative support included therapy-based support, like group and one-to-one therapy.

Support offered by health and financial services were both responsive and restorative, depending on the nature of the support. Where services identified harm through interactions with the person, like during GP appointments, hospital admissions or when accessing financial and debt advice services, and this led to signposting to further support, this was responsive support. Where these services provided intensive and ongoing support, which could be one-to-one or in group settings, the support was restorative. For example, hospitals offering addiction services, finance and debt advice services looking to tackle financial harms.

Barriers to women accessing support for gambling harms

The REA identified, and expert witness and experts by experience roundtable agreed, five consistent themes around the barriers to gambling treatment and support for women:

- A belief that gambling is not harmful – the main barrier to women accessing support is not making the connection between their gambling and harms, or the severity of their gambling problem. This is reinforced by the fact that women's gambling is often viewed as 'harmless'. Women themselves may have started gambling with these views about gambling as harmless and fun. However, these views can minimise the risks to women and the serious problems some women experience. Viewing their gambling as harmless when they personally feel worried or anxious about it also reflects the wider gendered and unequal social dynamics of women's lives.
- Stigma, shame and fear – when women suspect or believe there is a gambling problem, the shame of gambling and not wanting to burden loved ones prevents them from talking to trusted friends or family. They also fear the possible consequences of seeking help, depending on their circumstances.

For example, reputational loss or losing custody of children. For women with gambling disorder who have relapsed, they feel ashamed of 'failing' by relapsing. These feelings are not helped by the few women's voices and experiences in the media around gambling and gambling harms.

- Low awareness and understanding of prevention and treatment service offerings – women from the roundtable discussed the challenges of recognising the signs of gambling harms in themselves and others. Expert witnesses talked about the challenges of treatment services accessing women gamblers, and interestingly, did not focus much on prevention services or strategies.
- Poor understanding among professionals – expert witnesses took this further and highlighted the issue of diagnostic tools for screening gambling harms in parallel services to gambling treatment, like addiction, health and financial services. These either are not used by services or where they are, they needed further consideration to ensure they were effective at identifying gambling need among women.
- Practical barriers – includes costs, like for gambling blocker software, travel, childcare.

Expert witness and the experts by experience roundtable added four other barriers to support:

- A lack of relevant support for the diversity of potential service users – the most common barrier shared by all experts was support that was not inclusive to the range of women who may access it. There were four themes underpinning 'irrelevant' support. First, gender sensitive support, for example, mixed support groups were dominated by men and therapy spaces don't have place for children.



Second, culturally sensitive support, for example, support spaces evoke feelings of 'institutionalised' or 'government branded' which reinforces deeply held feelings of distrust in government bodies held by some communities; support not in languages spoken by users and support offered at times overlapping with religious events. Third, support branded for gamblers but users don't recognise themselves in this label. Fourth, available services were sometimes seen to prioritise service user needs that were at odds with what was most important to the service user. For example, an expert explained that when she sought help for the impacts of her partner's gambling, it was to keep her house and custody of her children, but the service wanted to prioritise debt advice. While their priority was debt advice, the women felt the organisations she approached (e.g. bank, Citizen's Advice Bureau) did not understand gambling addiction or the impact it could have, meaning they were not supportive despite her being a victim of her husband's fraud. She also felt the support she did receive from a gambling treatment and support service came too early in the process, when the support should have been focused on her financial situation.

- A lack of relationship-focused gambling treatment – an expert witness who treats men and women with gambling disorders felt the harms most women faced were relationship-based, and a lack of relationship-focused support failed to treat these harms.
- Technology issues – expert witnesses and roundtable women expressed an appetite for greater and more effective use of technology, alongside other strategies to help gamblers stop or reduce gambling that leads to harms.

- Alienating responsible gambling messaging – experts by experience at the roundtable shared that well-intentioned responsible gambling messaging claiming people can and should control their gambling are alienating for women who feel 'helpless' and 'out of control'.

Enabling women to access support for gambling harms

The literature indicates that reducing and preventing gambling harm among women may require four key components to help overcome the barriers described above:

1. Gender-sensitive and trauma-informed approaches, including women-only services that account for the reasons women gamble and the 'masking effects' of co-occurring conditions; and meaningfully involving women in the design and delivery of services.
2. Community-based, integrated services that make it easy for women to get the range of help they need.
3. Better public information and messaging about the signs of gambling harms for women and the support that is available, emphasising confidentiality and anonymity.
4. Wider interventions that address the socio-economic and socio-cultural determinants of women's experiences and look to disrupt industry practices that are harmful to women.

These four components broadly align with Bloom et al.'s (2003) principles for gender-responsive services in alcohol and drug addiction recovery (cited in Andersson et al., 2021, page 461): gender (recognition that gender makes a difference); environment (the importance of safety, respect

and dignity); relationships (supporting individuals to establish healthy relationship); services (comprehensive, integrated and cultural relevant); socio-economic status (providing opportunities for enhancement); community (comprehensive and collaborative community services); and trauma-informed (recognising the high levels of trauma experienced by substance-using women as children and/or adults).

Expert witness and the experts by experience roundtable agreed with the above support to reducing and preventing gambling harm. They provided further context and description about what this support may look like. An expert witness emphasised that interpersonal 'relationships' take precedence over wider 'community' connections, as "men recover by changing their social networks, women recover by changing their relationships." Another focused on the need for services to be integrated (debt, legal, gambling etc all from one central provider) because the additional pressures/complications of balancing multiple roles in life (mother, employee etc) means services being streamlined and simplified is even more important for women. This is also important because of the higher incidence of co-existing conditions amongst women experiencing harm from gambling.

Expert witnesses and roundtable women recognised the role of the voice of women with lived experience in successfully establishing support services, to avoid assumptions by professionals.

CONCLUSIONS

This research has begun to demonstrate the complexity of the gambling harms and support landscape for women who gamble and women affected by others' gambling. It further reveals what many experts knew, and what prompted this research in the first place; much is unknown about women's experiences of gambling, gambling harms and prevention and treatment support. The key knowledge gaps identified in Phase 1 are:

- Geography: much of the recent research comprises qualitative studies conducted in Australia and New Zealand. Comparable work in Great Britain to explore the similarities and differences in women's experiences and the extent to which learning from other geographies is transferable is needed.
- Heterogeneity and intersectionality: the current evidence discusses differences in women's experiences mainly in relation to age and, to a lesser extent, ethnic background and class. There is much less known about how women's intersecting or overlapping social identities of gender, race, ethnicity, class, parental status, religion, or ability shape their experiences of gambling and gambling harm, particularly in a British context. There is also less known about how different groups of women perceive and assess the risks of gambling.
- Gambling pathways and harm trajectories: while there is some qualitative evidence about women's gambling pathways and harm trajectories, this is mainly from outside Britain/UK and is necessarily retrospective (for example, asking women about how past experiences influence present practices). Longitudinal research (both qualitative and quantitative) would provide insight into how women come to experience harm and routes out of harm; as well as experiences of harm over the lifecycle and intergenerationally. There is a particular lack of evidence on gambling harm related to productivity and performance; and cultural harms.



- Measures to prevent or reduce harm from gambling among women: while there is reasonable evidence about the barriers to accessing gambling treatment and support among women, there is less focus in the literature on how exactly these barriers interact with women's gendered roles and responsibilities in a British context. In addition, although research has helped inform what gender-sensitive and trauma-informed gambling treatment and support services might look like, to date there is little evidence about how this approach can be implemented in practice or how effective it is. Consultation with women with lived experience during the next phase of this research will be useful to identify how services can develop to best support different groups of women, with different experiences and different needs.
- Women as affected others: there is relatively little known about women as affected others in Britain. The evidence gaps on 'heterogeneity and intersectionality', 'gambling pathways and harm trajectories' and 'measures to prevent or reduce harm from gambling among women' all apply to women as affected others as well as women as gamblers.
- Online practices: the evidence base on gendered use of technology generally and online practices specifically is under-developed and could provide valuable insight into women's gambling pathways and harm trajectories as online gambling continues to grow; as well as opportunities around online treatment and support for women.
- Women in the gambling industry: the evidence suggests that women working in the gambling industry may have particular experiences of harm that are not well understood.

There are limits to what the remaining phases of this research can address but these gaps present great opportunities for researchers, policy makers, service designers and deliverers to help fill in future work. It is necessary to focus the remaining research phases to ensure the study meaningfully adds to sector knowledge. The table shown summarises our plans for the study's focus going forward.

	Objectives (unchanged)	Revised questions
1	Explore the reality and lived experiences of women and their engagement with and experience of gambling.	<p>What are women's motivations to gamble? How do motivations differ for our target groups of women?</p> <p>How does gambling fit within women's lives? (e.g. their work, home life, sense of self)</p> <p>How do women view and describe the risks of gambling in relation to their lives and lives of others close to them?</p>
2	Establish and explore the drivers of gambling harms amongst women in Great Britain.	<p>What do gambling harms look and feel like for our target groups of women?</p> <p>What are the triggers for gambling harms and how do these differ by our target groups of women?</p>
3	Explore the services, interventions, and policies needed to reduce and prevent gambling harms for women.	<p>What information sources, networks and services are women at risk of or experiencing gambling harms aware of or are accessing? How does this vary by our target groups of women?</p> <p>What are the gaps in services, interventions and policies for women?</p> <p>What do women think are the principles of effective gambling prevention and treatment support for women?</p>



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